

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/647650	FILING DATE				
						APPLICANT(S)					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51			
2		/						52			
3		/						53			
4		/						54			
5		/						55			
6		/						56			
7		/						57			
8		/						58			
9		/						59			
10		/						60			
11		/						61			
12		/						62			
13		/						63			
14		/						64			
15		/						65			
16		/						66			
17		/						67			
18		/						68			
19		/						69			
20		/						70			
21		12						71			
22		/						72			
23		/						73			
24								74			
25								75			
26								76			
27								77			
28								78			
29								79			
30								80			
31								81			
32								82			
33								83			
34								84			
35								85			
36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	1							TOTAL IND.			
TOTAL DEP.	19							TOTAL DEP.			
TOTAL CLAIMS	20							TOTAL CLAIMS			